

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

1-2

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P34920 (9)**

1. Corporation Name:  
**RICHARDSON FOODS CORPORATION**



Principal Place of Business: <b>C/O THE QUAKER OATS COMPANY 321 NORTH CLARK STREET, 25-3 CHICAGO IL 60604</b>	Mailing Address: <b>C/O THE QUAKER OATS COMPANY 321 N. CLARK STREET, 25-3 CHICAGO IL 60604 US</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>08/01/1991</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>16-0607690</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NAME) \_\_\_\_\_ (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACLEOD, BRUCE G	
STREET ADDRESS	10 STATE STREET	
CITY-ST-ZIP	FAIRPORT NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANBENTHUYSEN, WALTER	
STREET ADDRESS	321 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	COOPER, JANET K.	
STREET ADDRESS	321 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LAZ, MARCIA	
STREET ADDRESS	321 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CASSIOPPI, GERALD A	
STREET ADDRESS	321 N. CLARK STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 6/10/96 312-222-7829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (3/96)

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**RICHARDSON FOODS CORPORATION  
OFFICERS AND DIRECTORS**

**Directors**

- Janet K. Cooper SS# 342-48-6985  
321 N. Clark Street, Chicago, Illinois 60610
- Bruce G. Macleod SS# 073-78-4735  
321 N. Clark Street, Chicago, Illinois 60610
- Walter VanBenthuyzen SS# 279-32-1968  
321 N. Clark Street, Chicago, Illinois 60610

**Officers**

- Bruce G. Macleod, President SS# 073-78-4735  
321 N. Clark Street, Chicago, Illinois 60610
- Robert S. Thomason, Vice President - Finance SS# 378-60-8478  
321 N. Clark Street, Chicago, Illinois 60610
- Janet K. Cooper, Vice President and Treasurer SS# 342-48-6985  
321 N. Clark Street, Chicago, Illinois 60610
- Gerald A. Cassioppi, Secretary SS# 343-56-7064  
321 N. Clark Street, Chicago, Illinois 60610
- Marcia S. Laz, Assistant Secretary SS# 334-34-8412  
321 N. Clark Street, Chicago, Illinois 60610